



**IMPROVEMENT OF THE TREATMENT AND PREVENTION OF CATARRHAL-PUTURAL
MASTITIS**

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Abstract

The article provides information on which animals have catarrhal-purulent mastitis, how to improve their treatment and prevention, which methods and drugs are used for treatment and prevention. In addition, the causes and diagnosis of mastitis are described. and for this, it is indicated that research aimed at identifying the types of mastitis in productive cows, development of treatment and preventive measures, and development and improvement of effective diagnostic methods should be carried out. Methods of mastitis detection, milk samples, reagents for detecting milk samples, mastotests and other information are shown.

Keywords: catarrhal, purulent, mastitis, drugs, staphylococcus, streptococcus, Escherichia coli, teat canal, udder parenchyma, lysozyme, milk ducts.

INTRODUCTION

Relevance of the topic. By developing livestock in our republic ,great attention is paid to the stable filling of the domestic market with meat, eggs, milk and fish products and increasing the standard of living of the population, since the provision of the population of our republic with quality meat and milk is one of the pressing issues of the present day. Currently, it is important to feed, maintain, feed and implement measures to combat various diseases on the basis of modern technologies of productive cows imported from abroad. In particular, due to the large number of occurrences of mammary diseases among productive cows, a sharp decrease in productivity in farms and population-owned cows, especially due to a sharp decrease in milk and dairy products, a decrease in calf intake, a reduction in the periods of use of high-yielding animals, the population and farms suffer great economic damage. In the conditions of farms of our republic, the average milk productivity of cows as a result of mastitis is 15-20%, a decrease in the fat content of milk by 0.8-1%, while the periods of economic use of cows are reduced by 2-3 years, there is an increase in the incidence of shortening, dyspepsia of calves, as well as the observation of measles (scarlet fever) Therefore, it is relevant to conduct research aimed at identifying, diagnosing, effective treatment and developing and improving methods of prevention of types of mastitis among productive cattle.

Causes of the origin of the disease: Currently, there are two different teachings on the origin of mastitis in science. The founders of the first doctrine argue that all forms of mastitis disease are caused by Staphylococcus, Streptococcus, intestinal wand and other microorganisms. The founders of this



doctrine rely on the presence of microorganisms in milk, which is milked from an infected piece of udder. According to the founders of the second doctrine, in the case of cows with mastitis: the fall of the infection through the suction channel to the udder parenchyma as a result of the non-detoxification of milking cups; a decrease in lysosimum, which has antibacterial properties in milk; violation of the rules and regime of feeding, a rapid transition from one type of diet to

Cows with catarrhal mastitis often do not have an enlarged udder, in which one, sometimes two or three quarters of it is injured. When the udder is palpated, no changes are felt at the onset of the disease. On the basis of the udder in 3-4 days of the disease, it is noted that there is a blockage of milk ivima in the milk tract, an enlargement of the udder, a hamiric consistency, and pronounced changes in the general condition of the animal are not observed [3]. In catarrhal inflammation of the AL'veoli, the damaged quarter or parts of the udder (udder lumps) enlarge and do not shrink even after milking. The Milky Way causes the mucous membrane to become narrow as a result of swelling and elevation. In cases where the disease is severe, the animal's appetite decreases, and the body temperature is slightly increased. And when fibrin mastitis develops, crepitation (grinding) is detected in the area of the milk cistern when the damaged udder quarter is enlarged and deeply palpated.

N.V. According to Pritikin (2003), inflammation of the udder in cows often develops in the form of subclinical mastitis, occurring in cows at 21.4% during milking, 24.6% near milking, 28.9% during milking, and 23.4% during New Birth. Whereas clinically manifested mastitis was found in 4.6-6.2% cows [4]. During catarrhal-purulent mastitis, cows experienced general malaise, apathy, decreased appetite, hypotension of the pre-gastric sections, pallor of mucous membranes, redness of the infected udder skin, enlargement of the udder, discharge of catarrhal-purulent exudate from the udder, and in acute periods, in addition to these, symptoms of increased body temperature and accelerated pulse were observed. In the blood of sick cows, the number of erythrocytes was recorded as a decrease in hemoglobin and total protein levels, and in the leukoformula, the left shift of the nucleus was noted. From this, catarrhal-purulent mastitis is a decrease in the natural resistance of the body and the functioning of the immune system

Methods of treating the disease:

Measures to treat and prevent mastitis in cows the causes and mechanisms of development of mastitis are diverse. Therefore, the treatment of mastitis is also not the same in all cases. Treatment should be organized taking into account the general condition of the animal, the nature of the inflammation and the properties of the causative agents of mastitis (Teterev I.I. and b., 1997). Some types of mastitis (purulent-catarrhal, fibrinous, hemorrhagic) in a sick animal, an increase in body temperature, a decrease in appetite, indifference to external influences are observed. Therefore, 2-3 g of caffeine is mixed in a 100-150 ml 10% calcium chloride solution, and ascorbic acid and caffeine are mixed in a 150-200 ml 20% glucose solution and injected into a vein blood vessel. . In serum and catarrhal mastitis, antibiotics are added to every 100 ml of Novocaine solution at the expense of 300-500 thousand TB. If necessary, the novocaine blockade can be returned after another 24-48 hours. Penicill between the muscles at the time between the blockades



Use of Pituitrin and oxytocin. The drugs are injected into the blood vessel in the amount of 40 TB, and the inekia is kept back for 6-12 hours. These drugs have a high effect in the treatment of serum and catarrhal mastitis of various etiologies. In order to eliminate the causative agents of the disease, it is recommended to be treated with antibiotics along with local treatment. To do this, it is better to determine the sensitivity of the causative agent to antibiotics and send them between the muscles. Because microorganisms have not yet developed in the parenchyma of the udder, and when the healing preparations are administered through the udder cistern, instead a safe is born into which microorganisms fall (B.M.Eshburiyev, 2010). The dosage of antibiotics in the treatment of mastitis is 3-5 thousand TB/kg. At the onset of the disease, penicillin and streptomycin are administered to cattle at a dose of 5-6 thousand TB/kg in a solution of 100 ml of 0.9% Sodium Chloride 2 times a day, in a vein for 3-5 days, during the development of microorganisms



Figure 1. Purulent-catarrhal mastitis.

In catarrhal and purulent - catarrhal mastitis, rivanol solutions with proportions 1:1000, 3% boric acid, 2% ichthyol, furacilin 1:5000, and ammargen 1: 5000 are antimicrobial agents. The solutions are injected into the injured udder bulag from 150-200-300 ml at a small pressure 1-2 times a day and are milked after 2 hours. Before sending a solution, the injured udder quarter is milked and massaged. If casein clots that prevent milking accumulate in the milk cistern, a 2-3% soda solution (40-50) or a 1-2% salt-soda solution (1-2 g soda and sodium chloride per 100 ml of water) is injected through the udder canal. Iodinol (1 g of Crystal iodine, 3 g of potassium iodide, 10 g of polyvinyl alcohol, 1 l of distilled water) is injected through the udder canal in the amount of 30-50 ml after the udder has been milked. According to the degree of rejection of the disease, iodinol is administered 1-2 times a day for 3-4 days, leaving 30-40 minutes on the udder. Fiber of the udder cistern



In the treatment of catarrhal and purulent catarrhal mastitis, good results were obtained by mixing a 10% solution of norsulfazole in a vein (40-50 mg per 1 kg of body weight of the animal), as well as 3-5 thousand TB/kg of penicillin between the muscles in 80-100 ml of distilled water. On the first day of treatment, it is recommended to apply a solution of penicillin twice through the udder to damaged quarters of the udder (every 6 hours), on the second day a solution of norsulfazole to the vein, on the third day a solution of penicillin to the udder and on the fourth day a norsulfazole to the vein. At the same time, the udder is wrapped hot and the milk is often milked and massaged if appropriate. In catarrhal-purulent mastitis, massage of the udder can cause purulent exudate to spread through the blood and lymphatic pathways.

Conclusion:

Analysis of the above data shows that to date, the spread of catarrhal-purulent mastitis in cows, the causes, improvement of effective methods of early detection, treatment and Prevention of the disease have not been fully studied. This in turn explains the fact that taking into account the economic capabilities of farms, taking into account the sensitivity of microorganisms to antibacterial agents in the treatment and Prevention of mastitis, as well as the widespread use of high-efficiency and inexpensive domestic drugs are pressing problems.

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